State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Stetson School, Inc.	
Doing Business As	Stetson School, Inc.	
Name of Parent Corporation	None	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	455 South Street P.O. Box 309 Barre. MA 01005-0309	
Applicant type (e.g., profit/non-profit)	Not for Profit	
Contact person, including title or position	Robert Fitzgerald	
Contact person's street mailing address	P.O. Box 309 Barre, MA 01005-0309	
Contact person's phone #, fax # and e-mail address	rfitzgerald@stetsonschool.org 978-355-4541 ext. 159 fax - 978-355-6335	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title: Center of Excellence

b. Type of Proposal, please check all that apply:

☑ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☑ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination

☐ Bed Addition ☐ Bed Reduction ☐ Change in Ownership/Control

☑ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☑ Project expenditure/cost cost greater than $ 1,000,000

☑ Equipment Acquisition greater than $ 400,000

☑ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☑ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over $1,000,000

c. Location of proposal (Town including street address):

Portland

d. List all the municipalities this project is intended to serve:

Statewide

e. Estimated starting date for the project: July 1, 2006

f. Type of project: 9 -Behavioral Health **(Fill in the appropriate number(s) from page 7 of this form)**

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
Residential tx	N/A	N/A	32	41
Group Home	N/A	N/A	6	9

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure: $ 4,606,240

b. Please provide the following breakdown as appropriate:

Construction/Renovations *	$ 4,350,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	$ 256,240
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	**$ 4,606,240**
Fair Market Value of Leased Equipment **	$ 207,890
Total Capital Cost	**$ 4,814,130**

* $4,000,000 assumed to acquire suitable residential facility.
$ 350,000 assumed to acquire suitable group home residence.

** 5 vehicles (mini-vans), 4 copiers

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
N/A				
N/A				

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

☑ Applicant's Equity ☐ Lease Financing ☑ Conventional Loan

☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding

☐ Funded Depreciation ☐ Other (specify):

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

This request is for Replacement Equipment.

The original equipment was authorized by the Commission/OHCA in Docket Number: _____.

The cost of the equipment is not to exceed $2,000,000.

The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

N/A

AFFIDAVIT

Applicant: Stetson School, Inc.

Project Title: Center of Excellence

I, Kathleen Lovenbury (Name), President/Executive Director (Position – CEO or CFO)

of Stetson School, Inc. being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Stetson School (Facility Name) complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Kathleen Lovenbury
Signature

2-22-2006
Date

Subscribed and sworn to before me on February 22, 2006

Lisa M Ulpych
Notary Public/Commissioner of Superior Court

LISA M. ULPYCH
Notary Public
Commonwealth of Massachusetts
My Commission Expires
December 15, 2011

My commission expires:

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

STETSON SCHOOL, INC.

455 South Street
P. O. Box 309
Barre, Massachusetts 01005-0309

Telephone: (978) 355-4541
FAX: (978) 355-2706

Kathleen Lovenbury
President - Executive Director

A Culture of Recovery

Residential Treatment & Special Education

Letter of Intent
February 20, 2006

This application is sought for a new program facility in Connecticut. Stetson School is responding to a Request for Proposals sought by Connecticut Department of Children and Families. Stetson School, located in Barre, Massachusetts was established in 1899 and currently serves children, adolescents and young adults with histories of sexual acting out and mental health issues.

The Department of Children and Families (DCF/Department) is soliciting proposals for a residential treatment Center of Excellence. The Center is envisioned as an integrated or a continuum of innovative and effective residential services for males who have a history of psychiatric symptoms, complex behavior problems (including, but not limited to, psychosexual behavior problems) and require trauma-focused clinical services. It is envisioned that the youth will present with some degree of psychiatric and behavioral symptoms which likely manifest from early trauma histories. If not, it is anticipated that many youth may have more significant psychiatric involvement concomitant with previous trauma.

It is anticipated that the majority of the youth referred for services at the Center of Excellence will require a residential treatment center level care. That is, they will need intensive clinical services in a highly structured environment that provides on-site education. The Center of Excellence will be designed to provide vulnerable youth with stability within the context of an environment that is Connecticut based, clinically sound, and responsive to cultural and gender needs. While the referred youth will manifest a number of symptoms constellations, their commonality will tend to be trauma. Therefore it is critical that the underlying foundation for these services be a trauma model. All youth to reside in the program's facilities will be identified by the Department consistent with a no unilateral reject – no unilateral eject contract requirement.

Referred youth will have a history of complex psychiatric, behavioral, and/or psychosexual behavior problems, with or without adjudication. Children and adolescents who require locked settings (i.e., based on the most recent assessments) will not be appropriate for the Center of Excellence. The Center of Excellence is meant to be a sophisticated clinical setting where treatment can be individualized and youths' issues can be addressed holistically and in their entirety.

This program is designed to meet the needs of males with trauma, mental health and or psychosexual histories who may be awaiting residential placement. We currently do not know of any residential treatment programs that serve these particularly vulnerable populations in Connecticut. Many Connecticut youth will be served near their home community and Linkages and Enrichment opportunities can be provided locally. If awarded this RFP Stetson School will be responsible for providing the services and Connecticut DCF will be the primary funding source. Appropriate DPH licenses will be pursued if the RFR is awarded to Stetson and if DPH licenses are necessary.